



BMC Charity Care Program Guidelines for Eligibility			
Eligibility Designation	0 - 150% FPG	151% - 300% FPG	Over 300% FPG
Uninsured	100% Discount	90% Discount	68% Discount
Underinsured	100% Discount	90% Discount	Not Eligible Patient is responsible for balance after insurance
* Asset Limits may not exceed \$3,000 for the applicant and \$3,000 per each household member * Asset determinations do not include primary residence or primary automobile			

2022 Federal Poverty Level Guidelines										
Family Size	100% FPG		125% FPG		187.5% FPG		200% FPG		300% FPG	
	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income	Annual Income	Monthly Income
1	\$13,590	\$1,133	\$16,987.50	\$1,416	\$25,481	\$2,123	\$27,180	\$2,265	\$40,770	\$3,398
2	\$18,310	\$1,526	\$22,887.50	\$1,907	\$34,331	\$2,861	\$36,620	\$3,052	\$54,930	\$4,578
3	\$23,030	\$1,919	\$28,787.50	\$2,399	\$43,181	\$3,598	\$46,060	\$3,838	\$69,090	\$5,758
4	\$27,750	\$2,313	\$34,687.50	\$2,891	\$52,031	\$4,336	\$55,500	\$4,625	\$83,250	\$6,938
5	\$32,470	\$2,706	\$40,587.50	\$3,382	\$60,881	\$5,073	\$64,940	\$5,412	\$97,410	\$8,118
6	\$37,190	\$3,099	\$46,487.50	\$3,874	\$69,731	\$5,811	\$74,380	\$6,198	\$111,570	\$9,298
7	\$41,910	\$3,493	\$52,387.50	\$4,366	\$78,581	\$6,548	\$83,820	\$6,985	\$125,730	\$10,478
8	\$46,630	\$3,886	\$58,287.50	\$4,857	\$87,431	\$7,286	\$93,260	\$7,772	\$139,890	\$11,658
Add the following amount for each additional person in the household.										
	\$4,720	\$393	\$5,900	\$473	\$8,850	\$709	\$9,440	\$787	\$14,160	\$1,180